APPLICATION FOR UNIVERSITY COLLECTOR PLATES

Collector versions of each university license plate can be purchased for a one-time fee of \$35. The university will receive \$25. **These plates are for display purposes only - not for vehicle registration**. Complete this form, including your name and address, to purchase by mail or fax.

		an name and dealess, to personate by man or han			
"Be True To Your School" The "Be True To Your School" collector plates display the university logo on the left side of the plate with the words "Be True To Your School" on the right side of the plate.			SAMPLE Plates The sample university collector plates display the university logo on the left side of the plate with the letters SAMPL on the right side of the plate		
* MICHIGAN * BE TRUE TO YOUR SCHOOL G CERTAL REGILEN HARRINTY 6			SAMPL ORTHOL MICHIGAN **		
Central	a	ıkland	Central		Q Oakland
Eastern	Sag	ginaw Valley	Eastern		Saginaw Valley
Ferris Grand Valley	M	of M	Ferris		U of M
Grand valley	U of M - Dearborn		Grand va		U of M - Dearborn
Lake Superior	U d	of M - Flint	Lake Sup		U of M - Flint
Michigan State Michigan Tech	Wa	yne	Michigan	·	Wayne
Northern	We	estern	Northern		Western
Total # "Be True To Your School" plates = Total # "SAMPL" plate			es =	Total "Be True To Your S	school" Plate Fees = \$
<u>x \$35.00</u>			<u>x \$35.00</u> Total "SAMPL" Plate Fees = <u>\$</u>		
Total Fee= \$ Total Fee			== \$ Total Fees = \$		
<u>To Purchase by MAIL</u> : Complete the order form. If paying by check or money order, make payable to State of Michigan . If paying by credit card, complete the credit card section below. Mail this completed application to: Michigan Department of State, Distributed Services Unit, Lansing, MI 48918 .					
To Purchase by FAX: If purchasing by fax, you must pay by credit card. Fax this completed application to (517) 322-1063 - 24 hours a day, 7 days a week.					
Mailing Information (required)					
NAME:					
ADDRESS:		CI7	Y:	STATE:ZIP	·
DAYTIME TELEPHONE NUMBER: (
Credit Card Information (if paying by credit card)					
My payment is by: Usa MasterCard Discover Check (enclosed) Money Order (enclosed)					
Credit Card Number: Expiration Date: Total Fees: \$.0 0					
My signature below authorizes the Michigan Department of State to charge my account.					
Please SIGN your name: X					
Please PRINT your name:					